Routledge
Taylor & Francis Group

# 'We may be long in the tooth, but it makes us tough': exploring stillness for older adults during the COVID-19 lockdowns

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**ABSTRACT**

Following the outbreak of the SARS-CoV-2 across the world in 2020, millions of people were reduced in their mobility to hinder the spread of the disease. The lockdown was particularly difficult for older adults, who were deemed 'vulnerable' because many felt unsafe leaving the house and often forced to self-isolate. In this paper, we interpret the lockdowns as a period of prolonged stillness: breaks from everyday practices, including withdrawn-ness, inefficiency, and retreat. We extend ideas of stillness by integrating the capability approach, which shows how the oppor-tunities and challenges that arise from moments of stillness are dependent on a combination of individual agency and the role of structural or contextual factors. Using the accounts of thirty-eight older adults in the Netherlands and England, we show how the COVID-19 lockdowns established and encouraged different types of stillness which had differing impacts upon the older adults' lives. The effect of the prolonged stillness on these different areas of everyday life is based on individual agency and contextual factors, such as choosing to volunteer or having an adequate internet connection. Thus, our findings contribute to discussions around active ageing and demonstrate that slowing down, and spending more time at home, can provide respite from an other-wise active everyday life.

## 'Puede que seamos viejos, pero eso nos hace fuertes': Explorando la quietud de los adultos mayores durante los encierros de emergencia por el COVID-19

**RESUMEN**

Tras el brote del SARS-CoV-2 en todo el mundo en 2020, la movilidad de millones de personas se redujo para evitar la propagación de la enfermedad. El encierro fue particularmente difícil para los adultos mayores, a quienes se consideró 'vulnera-bles' porque muchos se sentían inseguros al salir de la casa y, a menudo, se vieron obligados a aislarse por sí mismos. En este

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artículo, interpretamos los encierros de emergencia como un período de quietud prolongada: rupturas con las prácticas cotidianas, que incluyen retraimiento, ineficacia y retirada. Extendemos las ideas de quietud integrando el enfoque de la capacidad, que muestra cómo las oportunidades y los desafíos que surgen de los momentos de quietud dependen de una combinación de agencia individual y el papel de factores estructurales o contextuales. Utilizando los relatos de treinta y ocho adultos mayores en los Países Bajos e Inglaterra, mostramos cómo los encierros de emergencia por el COVID-19 establecieron y alentaron diferentes tipos de quietud que tuvieron diferentes impactos en la vida de los adultos mayores. El efecto de la quietud prolongada en estas diferentes áreas de la vida cotidiana se basa en la agencia individual y factores contextuales, como elegir ser voluntario o tener una conexión a Internet adecuada. Por lo tanto, nuestros hallazgos contribuyen a las discusiones sobre el envejecimiento activo y demuestran que disminuir la velocidad y pasar más tiempo en casa puede brindar un respiro de una vida cotidiana que de otro modo sería activa.

## « On n'est plus de la première jeunesse, mais on est coriaces »: une exploration de l'immobilité pour les seniors pendant les confinements de la pandémie de COVID-19.

### RÉSUMÉ

À la suite de la flambée de la pandémie de SARS-CoV-2 dans le monde en 2020, des millions de personnes ont vu une réduction leur mobilité visant à limiter la propagation du virus. Le confinement s'est avéré particulièrement difficile pour les seniors, qui étaient considérés comme une « catégorie vulnérable », parce que beaucoup d'entre eux ne se sentaient pas en sécurité en dehors de chez eux et étaient souvent forcés de s'auto-isoler. Dans cet article, nous interprétons les confinements comme une période d'immobilité prolongée: des interruptions du quotidien et de ses pratiques, contenant l'introversion, l'inefficacité et le repli. Nous enrichissons le concept d'immobilité en y intégrant la théorie de l'approche par les capacités, qui montre comment les opportunités et les obstacles qui surviennent de ces moments d'immobilité dépendent d'une combinaison d'agentivité personnelle et le rôle de facteurs structurels et contextuels. Nous avons utilisé les récits de trente-huit personnes âgées en Angleterre et aux Pays-Bas, nous exposons la manière dont les confinements dus à l'épidémie de COVID-19 ont établi et stimulé différentes sortes d'immobilités qui ont touché les vies des seniors de façons variées. L'effet de ces immobilités prolongées sur ces différentes parties du quotidien est fondé sur l'agentivité personnelle et les facteurs contextuels, par exemple le choix de faire du volontariat ou posséder une connexion Internet adéquate. Ainsi, nos observations contribuent aux débats autour du vieillissement actif et démontrent que ralentir et passer plus de temps chez soi peut apporter du répit dans une vie quotidienne habituellement remplie d'activités.

## 1. Introduction

The occurrence of a new coronavirus disease (hereinafter COVID-19) caused by the SARS-CoV-2 virus was first identified in Wuhan, China (Perlman, 2020). Just like the previous zoonotic outbreaks in previous decades (namely SARS and MERS), the COVID-19 is a respiratory coronavirus spread between people during close contact through respiratory droplets (WHO, 2020a; Wilder-Smith & Freedman, 2020). This highly infectious virus infected people in over 100 countries in weeks, leading to people needing respiratory support in intensive care and hundreds of thousands of deaths (WHO, 2020b). With no vaccine or other pharmaceutical treatments available in early to mid-2020, various public health interventions were implemented worldwide to prevent the spread of the virus. These measures have included self-isolation, quarantine, community containment, social distancing, and closing shops, restaurants, bars, and schools (see Wilder-Smith and Freedman (2020) for a discussion on these measures). There have been different measures adopted worldwide, and for some countries, intensive testing and public health interventions have enabled governments to control the spread of the virus (Anderson et al., 2020).

The virus arrived in Europe in late January and continued/s to spread across the continent (Pullano et al., 2020), and by early April, there were more than 50,000 dead and over 600,000 infected (Herszenhorn & Wheaton, 2020, n.p.). COVID-19 arrived in England in late January and in the Netherlands in late February and spread exponentially. Although the particulars of the measures undertaken differ in our two case study countries, both the Netherlands and England encouraged 'vulnerable' people to self-isolate, meaning that they should stay at home and not leave for any reason. Older adults, who are deemed 'vulnerable', were consequently restricted to their homes and may rely on others for their basic needs, including food and medication (Armitage & Nellums, 2020). Although the policies may have resulted in a loss of independence for older adults and increasing the chance of poor physical activity, mental health and cognitive functioning (Girdhar et al., 2020; N. R. Nicholson, 2012), the policies also gave rise to opportunities and new/renewed abilities to be seized (Morrow-Howell et al., 2020).

As a result of the global COVID-19 crisis, we argue that the world is experiencing a prolonged period of *stillness*. While the stillness may mitigate the spread of the virus and save lives, it has been argued that the social isolation associated with it may exacerbate feelings of loneliness, anxiety, and depression (Santini et al., 2020). Rather than focusing solely on the negative consequences of limited mobility on wellbeing, we demonstrate that stillness is not the opposite of mobility but contributes to different experiences. Throughout this paper, we refer to these novel experiences as stillings: different modalities of stillness each with their own trajectories and capacities. Drawing upon the various experiences of 38 'stilled' older adults during the COVID-19 lockdowns in England and the Netherlands, we complement and advance ongoing discussions and research exploring 'ageing in place' policies (e.g. Douma et al., 2021; Grove, 2020) in conceptualisation and societal relevance. Conceptually, we use the capability approach to deepen current understandings of stillness by bringing in both agency and contextual factors (Sen, 1999). By applying notions of stillness and the capability approach in tandem, we explore and discuss the different stillings through the capability pathway (from resources through to 'beings and doings'). In doing so, we demonstrate how the capability and functioning pathways chosen by the older adults shape their experiences of

different stillings and the various implications of the stillness on their wellbeing. Thus, this paper builds upon our understandings of the social issues around independence, health and wellbeing, and lifespaces in later life, and, crucially, how these were (re)shaped by the COVID-19 pandemic.

## 2. Prolonged stillness

The COVID-19 measures pose a truly novel situation: it has forced many people into a completely new way of living – a prolonged *stillness*. The notion of stillness has been explored by mobilities scholars (Bissell, 2009, 2011; Bissell & Fuller, 2009, 2011; Cresswell, 2012) as a complementary phenomenon to mobility. It is important to recognise that stillness is not the same as 'metaphysics of sedentarism' (Cresswell, 2012, p. 648). Moments of stillness can be found everywhere, including in mobile situations: 'a queuer in line at the bank; a moment of focus; a passenger in the departure lounge; a suspension before a sneeze' (Bissell & Fuller, 2011, p. 3) and, thus, stillness is understood as a pause or slowing in physical movement that punctuates the mobilities assemblage (Bissell & Fuller, 2011; Cresswell, 2012). By placing stillness in the mobilities assemblage, it is possible to explore the multiple forms and possibilities of the experience of stillness and how these moments punctuate everyday mobilities (Buser, 2017). Indeed, Adey (2011) and Buser (2017) have shown that stillness is composed of different intensities and can open a variety of different possibilities and capabilities for an individual, including alternative forms of mobility, such as transcendence or virtual exploration/digital mobility (Bissell, 2008, 2009).

This new state of prolonged and widespread stillness was a major shock for many, with most contemporary societies being dependent on high levels of movement or flow: 'contemporary neoliberal capitalism has an uneasy relation to the pause' (Bissell, 2011, p. 2651). This prolonged and widespread stillness extended to the everyday where we were encouraged to work from home (where possible) and (often) forbidden from leaving the house to meet people socially. As such, most people, but especially older adults and other groups prone to severe illness due to a COVID-19 infection, were limited to the confines of their homes, thus limiting their movement and capabilities (Meijering, 2021). This stillness within the home, crucially, is not a fixed sedentary or immobile state (see Ratnam and Drozdzewski (2020) on indoor mobilities, for instance), but is an experience that opens up new movements and agencies. For example, Martin (2011) and Cocker (2009) have shown that moments of sudden stillness have the potential to open a space for individuals to reflect and (re)assess their role and patterns of personal functionings – if they choose to: 'stillness presents a break or pause in the flow of habitual events, whilst illuminating temporal gaps and fissures within which alternative, even unexpected possibilities – for life – might emerge' (Cocker, 2009, p. 87).

Older adults are more likely to experience states of stillness irrespective of the lockdown because, on average, they often leave the house less, make fewer trips, and travel over shorter distances than younger cohorts (Böcker et al., 2017; Schwanen & Páez, 2010). Of course, this does not imply that older adults are immobile; there has been a plethora of research on older adults' mobility patterns and experiences (see Meijering, 2021) for a recent overview). Nevertheless, for older adults, who could be argued to be 'stiller' than their younger counterparts, the prolonged stillness instilled by the COVID-19

lockdown *may* not have had such an impact on their daily mobility (in comparison to the younger cohorts). However, it has been suggested that the lockdowns have impacted older adults economically, environmentally and socially, which may have serious implications on their health and wellbeing (Morrow-Howell et al., 2020). Nevertheless, stillness can be a moment of opportunity (or not), to reflect and re-evaluate one's position 'from relation-*in*-the-world towards a relation-*to*-the world' (Bissell, 2007, p. 287), and 'encourage both an active mind and an active, well-coordinated body' (Watkins & Noble, 2011, p. 111). In a recent study on movement and stillness in later life, Phoenix and Bell (2019) build on this to show how stillness can have restorative and empowering effects, thus showing the importance of being both active and restful, at home and out of home, in order to optimise one's well-being (Meijering, 2021).

Existing work on stillness demonstrates that it is multifaceted and multifarious. For example, Bissell and Fuller (2011, p. 11), by discussing an 'ontology of stillness in and of itself', were able to explore the numerous forms of stillness, or 'stillness in all its valences' (p. 4). Bissell and Fuller's edited collection showcases various stillings, including retreat (Conradson, 2011), unbecoming (Nielson & Rossiter, 2011), and receptivity (Watkins & Noble, 2011). Combined, the collection discusses the power linked with these stillings, how they interact with diverse materialities, and can create suspense spaces, thus showing the diverse and entangled nature of the theory. *Stillness in a Mobile World* (Bissell & Fuller, 2011) clearly shows that understanding stillness as relative immobility is only one conceptualisation of stillness among many others, and, crucially, how these stillings have different trajectories and capabilities. For example, in their study on asylum seekers, Gill (2009) examines the tension between mobility and stillness within the asylum-seeking process. Gill demonstrates how stillness can be both a struggle and a sanctuary for the asylum seeker and shows how the state uses stillness and mobility in the governance of asylum-seeking bodies. While there has been a wide variety of work on the various stillings and their effects on individuals, space, materialities, and the affective register, empirical work exploring how individual agency can shape and change the experience stillness remains limited. Building upon this work, this paper further explores these various forms but demonstrates how the capability and functioning pathways chosen by the older adults shape their experiences of different stillings.

## 3. The capability approach

The capability approach (also known as the capabilities approach) was developed by Amartya Sen (1999) as an alternative to traditional welfare economics, which places significance on an individual's capabilities of achieving what they perceive to be a good quality of life or well-being. The capability approach is a more holistic conceptualisation of well-being, development, and justice by emphasising individual agency and choice over monetary- and resource-based factors. The holistic nature of the capability approach stems from the fact that it includes both contextual factors and individual freedom (Ryan et al., 2015). Within Sen's capability approach (see Figure 1), two key concepts underpin the approach: capabilities and functionings. In Sen's approach, 'capabilities' are the opportunities that a person has. 'Functionings' are the various things a person chooses to do or be. Thus, functionings are what is realised or achieved, whereas
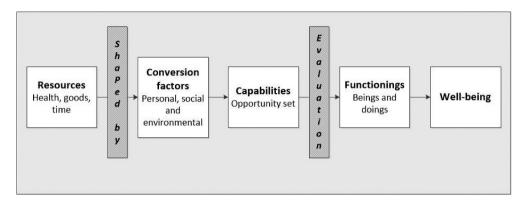
**Figure 1.** The capability approach framework (After Lloyd-Sherlock, 2002; Ryan et al., 2015; Sen, 1999).

capabilities are the available opportunities or possibilities to an individual, but together they represent what is meaningful for an individual. Thus, capabilities are what an individual *can* do, whereas functionings are what they *choose* to do.

Aside from the emphasis on individual agency, the capability approach considers the importance of resources and contextual factors and how they can be transformed into opportunities. These transformations are impacted by conversion factors, which are often categorised into three groups (Robeyns, 2005, 2017): (a) personal conversion factors relate to the unique qualities of the individual such as health, sex, or education; (b) social conversion factors, on the other hand, derive from society and can include social norms, public policies, social hierarchies, and power relations associated with class, gender, race, or caste. Finally, (c) environmental conversion factors stem from the physical/built environment in which a person lives and considers factors such as climate, pollution, built infrastructure, and landscape. All conversion factors influence whether, and how, a person can convert their resources into a capability, yet the sources of these factors differ.

The capability approach has pushed scholars to emphasise that an individual's agency is dependent not only on the resources available to them but also on their personal circumstances and socio-environmental contexts. By viewing well-being through the capability approach, it is the individuals that determine what a good life means to them and what choices they make to realise this within their personal, societal, and environmental contexts (Robeyns, 2017; Sen, 1999). What is important to note is that the capability approach can be seen as a framework of thought that can be further specified through theory (Robeyns, 2003). The versatile nature of the capability approach is demonstrated in its application in a variety of geographical research foci, including ICT (Kleine, 2011), transport (Smith et al., 2012), and ageing in place (Grove, 2020).

Translating it to our study, not only does the capability approach allow for a better understanding of older adult's experiences during the COVID-19 lockdown, but its holistic nature adds value to discussions around stillness as an experience. Aside from the health and well-being focused work (Conradson, 2011; Williams, 2007), stillness is often seen as problematic and/or Othered (Bissell & Fuller, 2011). Being productive and mobile is a priority in contemporary society; what Bissell calls a 'productivist rendering' of mobilities assemblage where 'it is always "better" to be mobile' (Bissell, 2007, p. 280). Building upon the existing work on stillness, we examine stillness as a trajectory that shapes an

individual's resources, conversation factors, and capabilities with various outcomes and effects. Thus, the combination of stillness with the capability approach highlights and allows for reflection on stillness as a multifaceted and multivarious phenomenon while emphasising the role of individual agency. The capability approach provides the opportunity to develop a more nuanced understanding of stillness that considers the beings and doings of older adults during the lockdown and how their choices and contextual factors impact this.

## 4. Methodology

The Netherlands and England represent two different approaches to containing the COVID-19 virus (Table 1). The Netherlands, for example, developed the so-called 'intelligent lockdown' (Rijksoverheid, 2021), which was similar to the measures in neighbouring countries, including closing schools and bars and restaurants. The mantra used to summarize the measures was: 'stay home as much as possible'. In this context, people without health complaints were allowed to leave their homes to go for a walk or do grocery shopping (De Haas et al., 2020). On the other hand, England waited longer to take measures, but when it did, it opted for a stricter approach by banning all 'non-essential' travel and contact outside the home and shutting almost all businesses (Coronavirus Act, 2020). During our data collection period (April 16 to May 20), the measures were eased in both countries, with children returning to primary school part-time in the Netherlands and UK citizens being able to meet one person outside their household in a public space.

**Table 1.** Lockdown measures in the Netherlands and England (during the data collection period: 16th April – 20 May 2020) (GOV.UK, 2021; Rijksoverheid, 2021).

| | The Netherlands | England |
|---|---|---|
| Date of first reported infection | 27 February 2020 | 31 January 2020 |
| Date of lockdown start | 16 March 2020 | 23 March 2020 |
| Person-to-person distance | 1.5 m | 2 m |
| Outside Activities | Allowed, but only in groups of two or less; or with people from the same household. | Only once a day, alone or with people from the same household. |
| Social interactions | Maximum of 3 people within the home  Discouraged for vulnerable groups | Only within your household, and no socialising out of the home.  After May 11, with one person from another household. |
| State of Emergency | No | No |
| Events | All events banned | All events banned |
| Working and work from home | Encouraged to employment | Encouraged to work from home |
| Closures | Services that involve direct contact (e.g. hairdressers) and restaurants, bars, gyms, and public places (e.g. museums, theatres) are closed. | All services are closed, except for food retailers, pharmacies, hardware stores, banks, pet shops, laundrettes, petrol stations, and post offices. |

Looking at the two case study areas, there were 3,406 and 1,436 recorded infections in Lancashire and the Northern Netherlands, respectively (20th May) (ONS, 2020; RIVM, 2020). The Northern Netherlands, in general, had a relatively low incidence of recorded cases, while the incidence in most parts of the Southern Provinces of Gelderland, Noord Brabant and Limburg was much higher, in some municipalities up to ten times as many (RIVM, 2020 – situation on May 21st). Similarly, Lancashire had considerably lower numbers than the major cities, including London, Birmingham, and Manchester. Both areas were not the focus of the outbreak in their respective countries but still bound to the public health interventions detailed by the governments.

Thirty-eight older adults were recruited from thirty-one individual households, ranging in age from late 50s to early 80s, with an even gender split, and the majority living with another person (Table 2). Despite the categorisation of older adults as 'vulnerable' in England (60+) and the Netherlands (70+), it is important to note that not all of the participants in this study considered themselves 'vulnerable' but chose to or were forced to change their behaviour. All the participants were recruited from an existing participant pool and consequently took part in the initial data collection period of the Meaningful Mobility project in the autumn and winter (2019–2020). Since all the participants had previously given their written consent to take part in the broader project (and we were following the same ethical standards approved by European Research Council's and University of Groningen's ethics committees), we were able to opt for verbal consent and build upon the rapport already established between the research team and the participants.

To maintain the University of Groningen's COVID-19 research conduct policy and government policies, all older adults were interviewed via the telephone (or a video conferencing software if they preferred) in their native language. The interviews focused on the changes in mobility, daily activities, socialisation, and wellbeing during the lockdown. The lockdown has been difficult for many people, and there was always the possibility of inducing strong emotions during the interview. Thus, it was important to develop an ethic of care, where the participant (and researcher) would not feel uncomfortable emotionally and socially (Foley et al., 2020). Therefore, it was stressed at the beginning of the interview that the participant was welcome not to answer questions if they felt uncomfortable and balancing the questions between positive and negative reflection on the pandemic. The interviews were audio-recorded and transcribed verbatim. The transcripts were thematically analysed using Atlas.ti using a process of deductive and inductive coding: a coding structure was developed from themes grounded in theory

**Table 2.** Demographic details of participants.

|  |  | Lancashire, England | Northern Netherlands | All |
|---|---|---|---|---|
| **# Households interviewed** |  | **15** | **16** | **31** |
| **# Participants interviewed** |  | **21** | **17** | **38** |
| **Gender** | Male | 9 | 10 | 19 |
|  | Female | 12 | 7 | 19 |
| **Household composition** | Alone | 5 | 5 | 10 |
|  | With other(s) | 16 | 12 | 28 |
| **Domestic Outside Space Access** | Garden | 14 | 13 | 27 |
|  | Balcony | 3 | 4 | 7 |
|  | None | 4 | 0 | 4 |

around wellbeing, stillness, and capabilities, as well as the subjects that emerged from the data itself. This approach was reflective with the inductive codes being applied to all the transcripts and overlapping deductive codes combined to complement the initial grounded themes. We drew out three key themes from this analysis in the next section of the paper: withdrawnness and social worlds, inefficient stillness and the community, and retreating and the home.

## 5. Experiences of prolonged stillness in later life

### 5.1. Unwanted withdrawnness and/or virtual connectedness

Throughout the lockdown, many people have been separated from their family and friends; most of the participants spoke of missed celebrations (such as birthdays), playing with their grandchildren, and the physical contact of receiving a hug from a loved one. It has been recognised that social isolation and loneliness have a major impact on older adults' health and well-being (Newall & Menec, 2017), which is likely to be exacerbated by the lockdown policies. Indeed, for Mrs. van Wijk,[1] the lack of physical contact had detrimental effects on her wellbeing:

> I find it horrible that I am no longer being touched, that I am not allowed to touch. Fortunately, I have a cat! At least where I still have some warmth, and that also wants warmth from me. But I find it humiliating to just refuse people human contact [. . .] What do you think that does to a person if you are not touched for a year! People are dying! It's that simple. In a 1.5m society, people die of loneliness (Mrs. van Wijk, Netherlands).[2]

Like Mrs. van Wijk, many of the participants who lived alone in both countries often yearned for physical contact with their families and felt withdrawn from their pre-lockdown social worlds. Physical contact cannot be substituted or replaced for many and was a major loss for the older adults. Furthermore, the participants in both countries also reflected in similar ways on how it was also difficult for their family, especially their grandchildren, who do not necessarily understand the situation as Ms. Lee demonstrates:

> I'm missing seeing m'little ones. M'little great-grandson who's four, he gets on the phone, and he says 'Gwanny, I want to give you a hug. Why can't I come and give you a hug?' It's quite cruel really because m'granddaughter brings him in the car, once a week, and she parks it right opposite me. And he's looking out of the window, and he doesn't understand, do they, at that age (Ms. Lee, England)

Mrs. van Wijk and Ms. Lee's stories show how they both missed physical contact. For them, as for other participants, this results in an unpleasurable experience of stillness, which can be labelled unwanted withdrawnness: an often-isolating aspect of stillness which is done resentfully and, usually, in opposition to individual choice. Buser (2017, p. 140), in their discussion of the atmospheres of stillness, considers the withdrawn nature of a stillness encounter, arguing that there always 'remains something that is absent or withdrawn'. Their approach to withdrawnness, however, focuses on how materialities can create 'a simultaneity of hunkering down (being still)' (p. 129), highlighting how a container of stillness can be manufactured through spatial design: stillness itself is withdrawn. We, however, suggest an alternative relationship between the stillness and the notion of the withdrawn in a social setting: that stillness can facilitate a state of withdrawnness. For

those who miss physical and/or face-to-face contact, the lockdowns led to unwanted withdrawnness: an often isolating aspect of stillness which is done resentfully and, usually, in opposition to individual choice (Gill, 2009; Martin, 2011). As such, stillness can be considered an unpleasurable experience and without meaningful mobility trajectories.

For those who felt withdrawn, they were often resentful of the measures and felt let down by the government and their loved ones: *'I feel lonely, alone, let down. And I know no one is abandoning me, but it feels like it [. . .] and I just notice that I withdraw'* (Mrs. van Wijk, Netherlands). Moreover, in some cases where the participants lived alone, there was a sense of jealousy for people who could socialise outside with their households, especially in England where outdoor socialisation was only allowed within households in the early stages of the lockdown:

> And I would like to go for a walk with my friend who lives, um, down in town. Because I quite feel resentful when I see people out in family groups that I can't go for a walk with my friend [. . .] Even if we stay six feet apart apparently, we're not supposed to, although actually unofficially we have actually been for a walk, walking six feet apart (Ms. Foster, England).

Mrs. Foster did transgress the restriction of not going out with people beyond her household. Similar to her, about a third of the participants spoke about transgressing the regulations for the sake of their wellbeing, including exercising for longer than the authorised hour and meeting friends and families outside their household.

There has been an increase in the use of information and communication technologies (ICT) by older adults in recent years, and this has been associated with better self-rated health and reduced feelings of loneliness (Baez et al., 2019). However, before the pandemic, the majority of the participants did not necessarily rely on these technologies in their everyday lives; Ms. Lee, for example, would be out every day seeing her friends and enjoying walks around Lancaster, but as a result of the lockdown measures, those resources were unavailable to her: *'I'm usually [a] very active person, so I'm missing all my long walks, all m'classes, and, meeting all my friends.'* (Ms. Lee, England). And although Ms. Lee compensated for the restrictions by calling her family daily (something she did less frequently before the pandemic), other participants explored forms of online social networking. There was an increased use of Whatsapp and Facetime services among the Dutch participants, whereas the English participants opted to use Zoom to connect with friends and family. For example, both Mr. and Mrs. Parker and Mr. and Mrs. Cooper (independently) started attending online wine tasting courses, Mrs. Gerritsen and Mr. and Mrs. Adams took part in virtual pub quizzes with their families, and Mr. Koster, with his online teaching experience, even conducted a live-streamed funeral:

> I was in the crematorium in an empty room, and the camera was aimed at me and really, more than a hundred people were connected online via lifestyle stream so all over the world. So, it really was like being in some kind of TV studio (Mr Koster, Netherlands).

Despite the unwanted withdrawnness experienced by some of the participants, most older adults used the lockdown to expand their capabilities through the medium of and their engagement with ICT. Typically, they used this capability to engage with their loved ones in different ways than they used to and to compensate for the unwanted withdrawnness that they were experiencing. It is important to note that this capability is shaped by one's resources: for instance, not everyone has the money to buy

a smartphone, tablet or laptop, and this is likely to have impacted the capability to connect with other people, resulting in inequality and differences in experiences of social isolation during the lockdowns.

### 5.2. Inefficient stillness and the unrealized potential to passive care

Hitherto we have shown how stillness can be unwanted and cause a loss in the resources available to individuals. While some older adults may have mitigated this loss in relation to their social lives, there is a tension when an unwanted stillness hinders a person's capabilities in the wider society. Where neoliberal capitalism privileges pushing harder, being better and stronger, and, crucially, becoming faster, stillness is a failure, and a still person has/is 'an unrealized potential [and] non-compliant with the contemporary moralistic mantra of "living life to the full"' (Bissell & Fuller, 2011, p. 7). Moreover, while the majority of the participants were not in paid employment, they play a significant role in the informal economy through volunteer work and care for family and friends. The lockdowns, however, hindered the role that older adults played in the informal economy, leading to volunteering practices ending and care being prohibited, with household-to-household interactions being limited. For example, Mr. Willems (Netherlands) volunteered as a coach for multiple volleyball teams but felt a great sense of loss from the COVID-19 closures as it was a sport he had done since he was a boy. In the UK, it has been reported that 19% of adults have volunteered for community-level activities and/or organisations during the lockdown period (Legal & General, 2020, n.p.) including volunteering for the National Health Service (NHS), helping (vulnerable) people with groceries, and the sewing of scrubs and face masks. While most participants could be considered 'vulnerable' in the eyes of the governments, around half of the participants had offered or were giving help to others. However, participants in England, in particular, found it challenging to take part in the 'official' volunteering schemes such as the NHS Volunteer Responders scheme, as Ms. Foster described:

> You can volunteer to help the NHS, but that involves speaking to upset people. But it also involves having a mobile phone that's not medieval so that you can get an app on it. [. . .] So I guess all my attempts to be useful have actually come to nothing. [. . .] I feel like I've been taken out of the helpful pool. So I have felt a bit on the useless side, but I just have to wait for some kind of opportunities to be useful to come along really (Ms. Foster, England)

While Ms. Foster, like many others, was able to help through informal processes such as grocery shopping for friends, she could not participate in the formal volunteering process due to a lack of resources rather than individual choice. Despite the older adult's hindered voluntary role in the community, it has been argued that older adults experienced a newfound closeness in their immediate neighbourhood with new practices and flows of care within and beyond the community (Osborne et al., 2021). A prime example of this was the weekly 'Clap for Our Carers' across England and the UK, where there was a round of applause on the street for NHS and other key workers each Thursday evening:

> We've sat at the front and, therefore, our neighbours are there, and we see them more. Obviously, we're all out on Thursday at eight o'clock. You know, it's sort of, everyone is looking at everybody else and saying hello to them then. It's remarkable how it's brought the community together (Mr. Parker, England).

The weekly 'Clap for Our Carers' quickly became a social norm, meaning that people used their capability to applaud with their neighbours, to achieve being more socially connected in their highly local social world as a functioning. The weekly applause represented a moment where the older adults could check on, or care for, their neighbours but also care for those working amidst the pandemic. While the older adults may have wanted to contribute directly to the effort, this stiller and passive form of social support allows the older adults to connect and care for their community. Indeed, among the participants (in both the Netherlands and England, and with some exceptions), there was a drive for the older adults to do what they can, even if it is less active than they would like. For example, taking part in online wine tasting courses to support local merchants, supporting local independent shops, and looking out for their neighbours. With the reduction of mobility range, the local neighbourhood has become an important element of older people's lives (Osborne et al., 2021). While the participants may have left a great sense of loss from the lack of physical contact with their family, many were delighted by the renewed social ties and support that had arisen among their immediate community. This repositioning of social involvement echoes the work of Conradson (2011, p. 81) on stillness and places of retreat, where the guests at places of retreats formed 'an ethos of caring but no intrusion'.

During the pandemic, the older adult's role in the community has stilled due to the lockdown measures. This stillness, however, does not mean that the older adults have stopped engaging with and being part of the community; instead, it is a repositioning of their involvement in the community as a present but relatively passive group. In part, the participants' change in engagement in the community could be interpreted as an 'inefficient' stillness because of their unrealised potential (Bissell & Fuller, 2011), although some have successfully adapted their caring/support role in the community. When looking at this in terms of conversion factors, we observed two directions in which these impact capability development with regard to engaging in the community. On the one hand, social norms around helping each other resulted in participants volunteering to provide support through informal processes. On the other hand, more structural impediments in the official volunteering system led to barriers that prevented our participants from assisting the community.

### 5.3.  Retreating home: balancing activity and contemplation

Stillness can represent a pause in the rhythms of everyday life. Although stillness may be considered 'unproductive', some people want to be still to distance themselves from their everyday practices, commitments, and responsibilities. Conradson (2011), for example, shows that stillness allows an individual a time and space for respite, recuperation and a renewed sense of perspective. For the older adults of this study, this renewed sense of perspective, which arose from a newfound resource of extended domestic time, focused primarily on (a) self-identification, and (b) revitalising the home. For the former, the older adults had become more self-aware of their body image and general health. With the restrictions put on outdoor exercise time, the home became the focal point of all daily

activities and recreation, leading to many activities that were previously done outside being undertaken indoors. The most obvious example of this is exercise with the use of exercise videos/online classes and exercise equipment as compensation:

> I always liked to be active, and I have now started the 'Netherlands on the Move' in the morning. I do that every morning now, and I do via zoom; there are lessons from my dance teacher. That is very nice because then you see each other and then you see her dancing, and you can also chat with each other. I really like that kind of thing (Mrs. Scholten, Netherlands).

Furthermore, the majority of older adults took part in nationwide exercise regimes such as Joe Wicks' Fitness Workouts and Couch to 5 K in England/UK, and Nederland in Beweging [Netherlands on the Move] in the Netherlands, as well as watching their diet. It has been noted in the press that weight gain is common during the quarantine period (Rubin, 2020), yet the older adults pushed themselves not to gain those extra pounds:

> So, part of the population is doing some weights, fitness, walking and cycling. And the other half is sitting on the couch watching Netflix and becomes a few kilos overweight, so that will soon cause medical problems. But we belong on the healthy side, I think. We cycle and walk as much as possible (Mrs. Froolik, Netherlands)

The prolonged stillness (with the lack of outdoor mobility) has the capacity to change the body. However, the older adults were self-aware of their bodies during the lockdown and chose to opt for healthier practices, including outdoor exercise (Mr. Willems, Mr. Chapman, and Mr. Griffiths), indoor exercise (Mrs. Adams, Mr. Pearson, and Mrs. Scholten), meditation practices (Mrs. Lee and Mrs. Foster) and abstaining from alcohol (Mrs. Cooper) among others. As such, many of the older adults felt healthier and fitter despite the end of organised sports and the closure of gyms in both countries: *'It [Joe Wicks' Workout] was a killer at first. But I think I'm getting fitter. (Laughs.) So that's a positive'* (Mrs. Adams, England). While structural factors, such as the lack of organised sports activities, have had a negative impact on our participants' capability to exercise, we mostly found that participants perceived positive effects. Although their capability to move and exercise did not change at first during the lockdown, some participants started to use this capability more intensively to achieve a more intensive exercise regime. As a result of this, their physical health would improve, which would, in turn, enhance their capability to exercise.

In addition to the increased self-awareness, the prolonged stillness of the COVID-19 lockdowns encouraged the participants in both the Netherlands and England to *'treat it as the gift of a lot of extra time to do projects that [they had] been meaning to do for a long time and haven't got round to'* (Mrs. Foster, England). While the majority of these new activities were to compensate for the loss of face-to-face social worlds, many of the participants took the opportunity to work in their gardens. Mr. and Mrs. Cooper, for instance, began growing vegetables because *'it's just satisfying to be able to go and pick your own'* (Mrs. Cooper, England). The garden was a significant space for the older adults because it allowed them to be outside in the pleasant weather while not breaking the lockdown rules in either country. In the Netherlands, where households were allowed to have visitors, the garden was a social space that allowed for the social distancing measures.

Thus, the prolonged stillness encouraged time to be considered a resource, which enabled contemplative stilling: a moment that spurs reflection and enables new choices or endeavours that were not necessarily feasible before the lockdown. Mr. Peeters and his wife, for example, took the opportunity to play together with some old Lego in their attic: '*We had a huge box with Lego in the children's attic with all kinds of examples and everything there. So we've been putting everything back together in the past few weeks. And I have to say that's great. It is very fun – if you're playing with Lego, it's just playing*' (Mr. Peeters, Netherlands).

During the lockdown, many of the older adults in both countries took the opportunity to revitalise their homes through DIY and (re)decoration:

> We've lived here 11 years, and we haven't done the bedrooms. I mean, there's lots of jobs that you just put off because you haven't got time (Ms. Roberts, England).

As Ms. Roberts demonstrates, the lockdown encouraged and provided an opportunity to reassess and reinvigorate the home environment. As Conradson (2011) argued, in their discussion on retreatant experiences, stillness fosters a space of contemplation and reevaluation. Although Conradson (2011) refers directly to the contemplation and reevaluation of the self-in-world, a parallel can be drawn here since the stillness provided the opportunity to reevaluate the home environment but the prolonged nature of the stillness also provided the opportunity to action those reevaluations. It is, therefore, unsurprising that twelve of the older adults in both countries had seized the opportunity to improve their immediate environment. Indeed, stillness is not a stationary state and 'has a capacity to do things' (Bissell & Fuller, 2011, p. 5), so unlike the stillness discussed previously in relation to voluntary work, this valence of stillness demonstrates trajectory.

Within the lockdowns, the home became the focus of everyday life during the lockdown, and the opportunities (capabilities) available to people within the home was highly dependent upon differences in the dwelling. Many of the participants expressed how they were lucky to have a large garden to enjoy, whereas this was not the case for all the participants (Table 2): '*I find I'm sitting a lot more, which I don't like. [I have] a small flat, and so I've no garden. That restricts me if I'd have had a garden to sit in, but I haven't.*' (Ms. Lee, England). Even so, the lockdowns opened up new ways of thinking about oneself and how one spends their time. Being stilled by the lockdown, our participants were able to reflect more on their sense of self and identity. As they had more time for themselves, they engaged in new activities (functionings) that were often not feasible during the more hectic everyday life before the lockdowns. Thus, we conclude that time and stillness are important resources that open up pathways to previously unused capabilities.

## 6. Capabilities in the realm of stillness

The COVID-19 pandemic and the consequential lockdowns worldwide represent a novel period where people were, and in some cases still are, restricted in their movements but not necessarily their mobility and capabilities. The prolonged stillness experienced by many worldwide is not the equivalent of immobility but a moment filled with alternative possibilities, including alternative forms of mobility (Bissell & Fuller, 2011). Even so, stillness is often associated with passivity and docility, as if being still is problematic in

a highly mobile world (H. H. Nicholson, 2015). We demonstrated how some of the older adults felt that they were no longer helpful to their community because they could no longer volunteer and contribute to society in a way that they deemed meaningful. Nevertheless, the work on stillness has shown that a moment of stillness has the capability to 'open up other possibilities' (Bissell, 2011, p. 2663). We have shown that being restricted to the home was not a state of compliance or submission; many of the participants took the opportunity to renovate/decorate their home or learn and enhance their skills. The prolonged stillness enhanced/s time as a resource in the capability pathway, which lead/s to new functionings, from working in one's garden to playing with Lego. Thus, stillness in later life can generate moments of respite and rest, which could enable more activity afterwards (Phoenix & Bell, 2019). This implies that an understanding of 'successful' or 'active' ageing should entail that activity and rest should be balanced carefully.

Akin to mobility, stillness has multiple forms, and there is no single experience of stillness but rather a plurality of 'stillings' (Buser, 2017). Buser's argument is advanced here by exploring how different capability pathways generate different stillings and whether the older adults embraced the stillings' various capabilities. By using the capability approach, we could explore the individual experiences of stillness. Sen's (1999) approach is flexible and allows for an in-depth exploration of interpersonal variation since the capability approach emphasises individual agency for a eudaemonic state (Ryan et al., 2015). Our analysis above shows different stillings that the older adults experienced: withdrawnness, inefficiency, and retreat. All these stillings can be an opportunity or an obstruction, but this depends on the capability pathway in part chosen by the individual. For example, many of the older adults were withdrawn from their social circles during the lockdown. Those who had the necessary resources (e.g. internet connection and hardware) typically had the capability to engage in video call socialisation, but some older adults *chose* not to use that capability. Furthermore, some older adults, especially in England, actively contested the stillings imposed on them by the lockdown measures and transgressed the rules. Despite adverse conversion factors, they did manage to use their capability to socialise or exercise to maintain their well-being.

The previous theorisations of stillness have demonstrated how it is multifaceted and multifarious, making it a strong complementary theory within mobility studies. Despite the many pieces of work exploring the multifaceted and multifarious nature of stillness, there has been little discussion on how these different forms of stillness arise and how people respond and feel about them. This paper addresses this lacuna by applying the capability approach to the types of stillness. The capability approach is flexible and exhibits a considerable degree of internal pluralism and recognising the importance of individual agency. Through the example of older adult's experiences during the COVID-19 lockdowns, we have shown that the various forms of stillness are shaped by both individual agency and contextual factors: the resource-conversion-capability-choice pathway of the individual. Not only does the capability approach enrich our understanding of stillness and its capacities, but also the meaningful moments that older adults experienced during the pandemic.

## 7. Conclusion

This is a challenging time. Even with the lessons learned from the first wave[3] and the optimism from vaccine rollout, many communities remain under social and physical distancing rules and spend the majority of their time at home. Although this stillness may be difficult for people, we have shown in this paper that the notion of stillness, in its various forms, enriches our understanding of everyday experiences in later life, especially concerning ageing in place, emphasising domestic and local spaces. The capability approach is increasingly being used to better understand the everyday lifeworlds in later life (see Grove, 2020; Meijering et al., 2019, for example). Through our consideration of stillness in tandem with the capability approach, we have unpicked these lifeworlds further and demonstrated how stillness can complement our understanding of mobility in later life.

Stillness is a multifarious experience; it is far from a sedentary state. Even with the prolonged period of stillness during the pandemic, there were various stillings, each composed of different intensities with different possibilities and capabilities for an individual. By applying the capability approach to the notion of stillness, we have demonstrated how stillness may shape the resources and conversion factors available within an individual's capability pathway. However, it is the combination of the capabilities and individual choice that not only shapes the stilling that occurs. The capability approach allows for a more nuanced understanding of stillness as well and the agencies of older adults and provides insights into stilled resources, stilled capabilities, and stilled functionings, thus providing a new depth into stillness and gerontological scholarships.

Indeed, Morrow-Howell et al. (2020) identified the various challenges and opportunities faced by older adults during the COVID-19 lockdown considering their economic state, health and well-being, ageism, and connectivity. In this paper, we have portrayed an alternative narrative regarding older adults during the pandemic. During the pandemic, there has been an increasingly ageist discourse, such as the use of the morbid term 'boomer remover' (Brooke & Jackson, 2020). While we are very aware that older adults are at a higher risk to the virus, there were also other negative consequences of the lockdown measures impacting people's social, psychological, and economic worlds, among others; the experiences we have discussed demonstrate resilience and positivity from older adults in the Netherlands and England alike. Indeed, older adults '*may be long in the tooth, but it makes [them] tough*' (Mr. Griffiths, England).

### Notes

1. All names presented in this paper are pseudonymised to protect the anonymity of the participants.
2. The quotes from Dutch participants were translated directly to English with minor adjustments for readability.
3. Pandemics often come in waves because of viral mutations and the chosen lockdown measures adopted by governments (Plümper & Neumayer, 2020) and by 'first wave' we are referring to the initial period of infections and lockdown policies in England and the Netherlands between mid-March and mid-June 2020.

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